

TENNESSEE DIVISION OF WORKERS' COMPENSATION**Nashville, Tennessee 37243-1002****Website: www.tn.gov/labor-wfd/wcomp.html****Telephone: 1-800-332-2667****EMPLOYEE'S CHOICE OF PHYSICIAN**

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**THIS FORM IS ONLY FOR USE BY GOVERNMENTAL ENTITIES ESTABLISHED BY TCA§29-20-401
AND SELF INSURED POOLS ESTABLISHED BY TCA§50-6-405(c)(1).**

State File Number: _____ Date of Injury: _____

Employee: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: **JEFFERSON COUNTY** FEIN: _____Address: **P O BOX 1749** City: **DANDRIDGE** State: **TN** Zip: **37725****PANEL OF PHYSICIANS**

Tennessee Code Annotated §50-6-204 requires an employer to offer a panel of three physicians to the injured employee. The injured employee must select a physician from the panel.

Physicians Name: **JEFFERSON FAMILY PRACTICE** Phone: **865 475-6161**
Address: **150 W PRICE RD** City: **DANDRIDGE** State: **TN** Zip: **37725**
Is Physician a Specialist? Yes No If yes, give specialty: Ortho, Neuro, etc. _____

Physicians Name: **HAMBLÉN FAMILY MEDICINE** Phone: **423 587-9777**
Address: **823 MCFARLAND ST** City: **MORRISTOWN** State: **TN** Zip: **37814**
Is Physician a Specialist? Yes No If yes, give specialty: Ortho, Neuro, etc. _____

Physicians Name: **PRIMARY CARE ASSOC** Phone: **865 475-0848**
Address: **204 SHAVER DRIVE** City: **TALBOTT** State: **TN** Zip: **37877**
Is Physician a Specialist? Yes No If yes, give specialty: Ortho, Neuro, etc. _____

Physicians Name: **WHITE PINE FAMILY PRACTICE** Phone: **865 674-6603**
Address: **1403 STATE STREET** City: **WHITE PINE** State: **TN** Zip: **37890**
Is Physician a Specialist? Yes No If yes, give specialty: Ortho, Neuro, etc. _____

Physicians Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Is Physician a Specialist? Yes No If yes, give specialty: Ortho, Neuro, etc. _____

I hereby have selected the following physician from the list provided to me by my employer:

Physician Chosen: _____

Employee Signature: _____ Date Selected: _____

A copy of this form must be provided to the employee. The employer must keep the original form on file and upon request provide a copy to the Division of Workers' Compensation.

This form is required to be in compliance with Tennessee Code Annotated §50-6-204.